

Texas Department of State Health Services

RC Form 256-1c RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION AU, AMP, ANP on Licensee's License

Name of Proposed Radiation Safety Officer			License No.	
Part : Training and experience must he individual must have obtained relationing and experience was continuing education and experience	ated continuing ed mpleted. Provide	within the ucation and	e precedin I experien	ce since the initial
Authorized User, Authorized Me above license	edical Physicist or A	uthorized N	luclear Ph	armacist on the
☐ Completed training, as noted by If training, as noted below, (Radiation Safety Officer, Authorized Pharmacist), provide n	was provided by horized User, Auth	more than orized Med	one sup	ervising individual
Training in radiation safety, regulatory issues and emergency procedures for:	Training f	Provided by		Dates of Training
§289.256(ff), §289.256(hh) and §289.256(bbb) uses				
§289.256(kk) uses:				
☐ I-131 ≤ 33 mCi ☐ I-131 > 33 mCi				
☐ Parenteral administrations				
§289.256(rr) uses				
§289.256(ddd) uses:				
remote afterloader				
☐ teletherapy ☐ gamma stereotactic surgery				
Supervising Individual (if applicable)		License No. authorizing supervising individual		

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This part must be completed by the be the supervising individual as long and experience required. If more the obtain a separate preceptor statement.	g as the preceptor provides, direction one preceptor is necessary to	cts, or verifies training	
I attest that	has sa	tisfactorily completed	
Name of Proposed the requirements in §289.256(h)(achieved a level of radiation safet Safety Officer for a medical use lice	y knowledge to function indepe		
I am the Radiation Safety Officer for following uses:	a radioactive material license au	uthorized for the	
□ §289.256(ff) □ §289.256(hh)	□ §289.256(kk) □ §289	9.256(bbb)	
☐ §289.256(rr) ☐ §289.256(ddd remote afterload	, , ,	☐ §289.256(ddd) gamma stereotactic surgery	
Preceptor Name (Print)	Signature	Phone Number	
License Number/Facility Name		Date	

Part II - Precentor Attestation and Signature

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect.

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See http://www.dshs.texas.gov for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).

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